

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s) |): Lisa K. Shapiro, Ph. | D.; Paul A. Wor | sowicz |
|--|--|--------------------|--|
| II. Name of Lobbyist's | partnership, firm or corporati | on, if any: | |
| | GALLAGHER, C. | ALLAHAN & G | ARTRELL, P.C. |
| | | n Street, Concor | |
| 603-228-1 | | 03-226-3334 | shapiro@gcglaw.com |
| (Telephor | ne) | (Fax) | (Email) |
| | ers: (Choose one – file separat sactions which are not attribu | | ch client, OR you may file a separate report for client.) |
| Ali reportable tra | nsactions occurring in the month | prior to the repo | orting date relative to the following client. |
| | PLANNED PARENTHO | | |
| | (Full Name of Client as it appe | ars on the Lobby | rist Registration Form) |
| OR All reportable tra unrelated to any p | | ing the lobbyist's | s family), or the lobbying firm listed below which ar |
| IV. Date of Report: | April 24, 2019 🗵 | | July 31, 2019 □ |
| | vity from date of registration to | 3/31/19 | activity from 4/1/19 to 6/30/19 |
| • | October 30, 2019 | | January 29, 2020 □ |
| a | ctivity from 7/1/19 to 9/30/19 | | activity from 10/1/19 to 12/31/19 |
| | fees received and no reportabl mplete just this form and submit | | ade since the last report. y of State's Office, State House, Room 204, |
| VI. Check if additiona If you have received. | l reports are attached: ved fees or made expenditures, y | ou must file Add | lendum A – Fees and Expenses |
| If you have paid a Expense Reimbur | rsement . | • | file Addendum B – Report of Honorariums or you must file Addendum C – Political Contribution |
| ii you, your iiiii, | , or your failing has made pointe | ai continutions, | you must me Addendam e – I omical controlation |
| Sworn Statement/Affirm I have read RSA 15, RSA to the best of my knowled | A 15-B and RSA 664 and hereby | swear or affirm | that the foregoing information is true and complete |
| ZX S | | | 4-23-19 |
| (Signature of Lobbyist) |) | | (Date) |
| Lisa K. Shapiro, Ph.D. | | | |
| (Print Name of lobbyist |) | | |
| • | | | RECEIVED |
| | | | ADD 2 4 2019 |

APR 2 4 2019

NEW HAMPSHIRE



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) | Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz | | | | | | |
|--|--|---|---|--|--|--|--|
| II. Name of lobbyist's pa | ertnership, firm or corporation, if any: | | | | | | |
| GALLAGHER, CALLAHAN & GARTRELL, P.C. | | | | | | | |
| (Name of partnership, firm or corporation) | | | | | | | |
| | PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND | Date – | April 24, 20 |)19 | | | |
| lobbying, including fees for | of all fees received from the client identified above or services such as public advocacy, government relaining legislation, and related legal work. The gross for | ations, or | public relation | ns services, | | | |
| a) Total of all fees receive | d in this reporting period | | a) \$ | 5,600.00 | | | |
| | ed this calendar year, prior to this reporting period. total prior monthly reports for this calendar year.) | | b) \$ | | | | |
| c) Total of all fees receive (Add lines a and b) | d to date. | | c) \$ | 5,600.00 | | | |
| d) Indicate the amount of yet been paid. | any such fees that are due, but have not | | d) \$ | .00 | | | |
| fees. Separate reports are lobbyist(s)/firm that are unare to be reported in one reporting period for salar expenses where the expenses where the expenses where the expenses of a ceremonial estatement of each individu covered by (a) (for example given to the subject of lollegislative reception). Expenses. | therships, firms, or corporations are required to reto be filed for expenditures made relative to each charelated to any one client a separate report may be of three categories of expenses: (a) the aggregaties, benefits, support staff, and office expenses; (diture was of \$25.00 or less (for example: meals ps, purchase of a pen with a value of less than \$10 to object given to a person being lobbied with a value all expenditure made during this reporting period of le: purchase of a meal with value of greater than \$25 bying with a value greater than \$25, but not greater for honorariums, expense reimbursement, of should not be reported on Addendum A. | tient and if iled for the total of b) the agurchased that is give of \$25.00 greater than | if expenditures the lobbyist(s) of all expenses gregate total during a businen to the person or less); and \$25.00 for use of a ceremo \$50, restaurant | s are made by the affirm. Expenses a paid during the of all individual ness lunch where on being lobbied (c) an itemized any purpose no onial object to be at expenses for a | | | |
| support staff, and office exb) Total aggregate of expe | es for this reporting period for salaries, benefits, spenses, related directly or indirectly to lobbying. | a) \$ b) \$ | | 7,500.00 | | | |
| in a), of \$25 or less. | | c) \$ | <u> </u> | .00_ | | | |
| c) Total of all itemized ex | penditures reported in detail in section VI. | • | | 100.00 | | | |

| Lobbyist Fees & Expenses, Addendum A – Page 2 Client: PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND | | |
|---|-------------------|------------------|
| d) Total expenses for this reporting period. (Add lines a, b and c.) | d) | \$7,600.00 |
| e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) | e) | \$ |
| f) Total of all expenses year to date. | f) | \$7,600.00 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lob period, including by whom paid or to whom charged. | bying fees during | ; this reporting |
| Paid to: | | Amount |
| State of NH | \$ | 100.00 |
| | \$ | |
| | \$ | |
| | \$ | |
| | | |
| | \$. | |
| Sworn Statement/Affirmation by Lobbyist | | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | that the foregoi | ng information |
| XX. | (Date) | -19 |
| (Signature of lobbyist) | (Date) | |

Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Statement of Income and Expenses for: | | | | | |
|--|---|---------------------|---|--|--|
| Name of Lobbying | partnership, firm or corporat | ion: GALLAGHER, CAL | LAHAN & GARTRELL, P.C. | | |
| Name of Client (leaparticular client): | ave blank if Statement is for Planned Parenthood of I | • • • • | poration and not related to any | | |
| | | | | | |
| Date of Report (ch | eck one): | | | | |
| April 24, 2019 🔀 | July 31, 2019 🗆 | October 30, 2019 🗆 | January 29, 2020 □ | | |
| | 5, RSA 15-B, RSA 664, the Sums submitted with that State | | spenses described above, and the Addendum forms being | | |
| 1 Addendum A | .(s). | | | | |
| 0 Addendum B | (s). | | | | |
| 0 Addendum C | (s). | | | | |
| • | affirm that the foregoing infor st of my knowledge and belie | | nd each Addendum is true and | | |
| (Signature of Lobb | De Jossonia | | 4-18-18 (Date) | | |
| Paul A. Worsowi | | | | | |
| (Print Name of lo | bbyist) | | | | |